**In Common Meeting of Bristol PCT, North Somerset PCT and South Gloucestershire PCT**

To be held on Wednesday, 25 April 2012
commencing at 1.00 pm in the Boardroom, South Plaza,
Marlborough Street, Bristol

## Agenda Item: 8.4

# Equality Impact Assessment Integrated Plan 2012/13

## Contents

## 1 Purpose

To brief the Board on the outcome of the Equality Impact Assessment of the Integrated Plan 2012/12, the proposed actions to mitigate any potential negative impacts on services and the plans to work in year with both Clinical Commissioning Groups and the Commissioning Support Organisation to develop their capacity and capability in this area.

## 2 Executive Summary and Key Findings

The focus of this Equality Impact Assessment (EIA) is the Integrated Plan for the Bristol, North Somerset and South Gloucester (BNSSG) Primary Care Trust (PCT) Cluster. The Integrated Plan replaces the process known as the Operational Planning Process and includes the Quality Improvement, Productivity and Prevention (QIPP) process.

The EIA has been undertaken by Christina Gray, Associate Director of Public Health on behalf of Lindsey Scott, Director of Quality and Governance and Louise Tranmer, Director of Commissioning Delivery with the support of an expert panel and other advisors.

The EIA found that:

- All three PCTs have had proactive engagement through a range of different channels and on a number of levels; however it was not always clear how this evidence had been used to inform planning and commissioning.
- The Integrated Plan could be further strengthened by direct reference to equality and human rights. Explicit reference to equality and human rights, supported by continued benchmarking against stated equality and human rights principles and values, would mitigate against unintended discrimination and promote improved access and a reduction to systematic inequalities.
- Only three of the QIPP proposals referred to EIA, of which only one was of an appropriate standard.

43 QIPP proposals were assessed for equality impact but not all of them will be taken forward. Action should therefore be focussed on those proposals which will be implemented.

6 QIPP proposals have been identified for priority action. These are schemes scheduled by commissioning to proceed and where there is a known potential high negative impact on one or more of the groups protected under the Equality Act (2010). These schemes are:

- Mental Health Schemes MHO1, MH02, MH03
- Gender Reassignment PC 17a
- List Cleansing PRIM 03
- 24/7 Scheme UC 10.

A further 6 QIPP proposals were identified as having potential high negative impact, however five of these schemes are not certain to proceed and therefore these have not been given a priority rating. All other schemes were judged to be of low, moderate or positive impact.

A full Action Plan is included at the end of the report. This action plan will be done in conjunction with the Clinical Commissioning Groups (CCGs) and the Commissioning Support Organisation (CSO) to ensure their capacity and capability is developed in this area. The delivery of the action plan will be monitored by the Integrated Governance Committee (IGC).

## 3 The focus of the Equality Impact Assessment

### 3.1 Introduction

The focus of this EIA is the Integrated Plan for the BNSSG PCT Cluster. The Integrated Plan replaces the process known as the Operational Planning Process and includes the QIPP process.

This report considers the potential impact of the Integrated Planning Process on the people groups who are protected under the Equality Act (2010) in relation to:

- Age
- Disability – vision, hearing, LD, autism, carers by association & physical impairment and Mental Health
- Gender reassignment
- Marriage & Civil partnership
- Pregnancy & Maternity
- Race, Nationality, Ethnicity
- Religious Belief
- Sex - Men & Women
- Sexual Orientation.

By the end of March 2012, all PCT Clusters were required to have an Integrated Plan as defined in:

- NHS Operating Framework 2012/13
- NHS South of England Operating Framework Guidance and the Department of Health Integrated Approach
- Department of Health Integrated Approach to Planning and Assurance

The Integrated Plan must cover all PCTs within the cluster, identify how QIPP Programmes will be delivered, and provide an appropriate framework for Transition from PCTs to CCGs.

### 2.2 Expert Panel

The EIA has been undertaken by Christina Gray, Associate Director of Public Health on behalf of Lindsey Scott, Director of Quality and Governance and Louise Tranmer, Director of Commissioning Delivery with the support of an expert panel:

- Esther Owen, Deputy Director Finance
- Fiona Reid, QIPP Programme Support Officer
- Habib Naqvi, Senior Public Health Analyst and Dept of Health Equality Diversity Scheme (EDS) lead
- Nigel Roderick, Equality Officer
- Michael Bainbridge, Primary Care Commissioning and Primary Care Equality and Access Officer.

Additional advice and Information in support of the EIA has been provided by:

- David Harris, Senior Equality Advisor
- Steve Rea, Commissioning Manager
- Louise Winn, Patient and Public Involvement Manager
- Tony Jones, Patient and Public Involvement Manager.

# 4 Methodology

## 4.1 Approach

The lead officers conducted an initial scoping of the task, which consisted of a desk top analysis, considered a range of documentary evidence (see section 4.2).

Additional information was gathered to assess levels of engagement in different aspects of the programme and to understand the implications of the financial plans and risks. As a result of this initial scoping exercise the equality impact assessment was framed around the following themes:

- Vision and Values of the Integrated Plan
- Integrated Plan Work Programmes Priorities
- Themes within QIPP Programmes
- Identified Risks and Issues.

As the analysis progressed these themes were further refined, and the final equality impact assessment consists of the following key elements:

- An overall assessment of levels of engagement and involvement
- An EIA of risk registers submitted to the commissioner by NHS Provider organisations
- An EIA of the Vision and Values of the BNSSG Integrated Plan
- An EIA of the BNSSG Financial Plan and QIPP schemes 2012 – 2013.

Following the initial scoping exercise, and assessment of risk registers, the expert panel convened in workshop format to assess in full the likely impacts of the Financial Plan and QIPP programmes on people protected under the equality act (2010).

Both potential positive and negative impacts have been highlighted. Where a potential negative impact has been identified, a proposed mitigating action is also identified.

### 4.2 Key Documents

The Integrated Plan is a complex and multi faceted process. The following documentary evidence provided the basis for the consideration of likely impact:

- Equalities Impact Assessment on the Operational Planning Process 2011/12 Agenda Item 9.4 Meeting of Bristol Primary Care Trust 26th May 2011
- 012 – 2013 Integrated Plan Update: Agenda Item 8.2 Presented to the In Common Meeting of Bristol PCT, North Somerset PCT and South Gloucestershire PCT 26 January 2012
- Operational Plan Meeting Bristol, North Somerset and South Gloucester Health Community Summit: Presentation 8th February 2012
- QIPP Categories and themes
- Provider QIPP Risk Assessments
- Existing Equality Impact Assessments conducted on Thematic Areas
- QIPP business cases for 2012 – 2013.

## 5 Engagement and Consultation

Involving patients and the public in planning and commissioning of health care is a key NHS principle. In addition, NHS bodies have a duty to ensure that the particular needs and experiences of protected groups are taken into account (Equality Act 2010). Individuals within the protected groups can experience both direct and indirect discrimination and exclusion, with known impacts on health and wellbeing inequalities (Nice 2008). Good practice in terms of engagement and involvement should be ongoing, diverse and demonstrably inform decision making (Dept of Health 2009 Good Engagement Practice for the NHS *Involving patients, carers, communities and staff to improve health outcomes* NHS Midland and East). Responsibility for engagement, involvement and consultation is the responsibility of all managers, service leads and commissioners. Expert advice and support is provided by PCT Patient and Public Involvement leads and PCT Equality Officers.

There is evidence that engagement to identify equality impacts across all PCTs within the BNSSG cluster is proactive and ongoing taking place:

- As part of service improvement initiatives
- In the development of Public Health Needs Assessments and Strategies
- Within EIAs
- As part of Patient and Public Involvement Consultation
- Through the local LINKs and other partnerships
- To inform the Trusts Equality Schemes
- As part of the Trusts EDS.

In the detailed work of service development and in commissioning programmes, there is ongoing engagement and consultation. Equality Officers work closely with commissioners to support ongoing engagement of equality groups and are currently undertaking a self assessment for the Department of Health EDS, which sets out as a core requirement that NHS organisations demonstrate that they have actively and appropriately engaged equality communities in setting their priorities.

The focus of stakeholder engagement for the Integrated Plan as a strategic policy document across the Cluster has been on clinical engagement and there have been two successful and well attended clinical summits on the 30th January and the 8th February. Cluster colleagues have also attended Health and Wellbeing Boards. Implementation of the plan will be guided by the Healthy Futures Programme structure including the Clinical Leadership group as well as existing programme structures and governance.

A summary report describing evidence collected in relation to engagement, involvement and consultation for equality is attached as Appendix 1.

## 6 Assessment of Equality Impact

The full assessment of equality impact consists of four elements, which are reported in detail in the appendices.

### 6.1 Engagement, Involvement and Consultation for Equality (Appendix 1)

All three PCTs have been proactive through a range of different channels and on a number of levels and on the Equality Pages of the PCT web sites. However, it is not always clear whether protected groups have been specifically engaged in relation to planning and commissioning decisions. In addition, there is some evidence of a gap between the engagement process itself and the application of this information to inform planning and commissioning processes. An Engagement and Involvement Strategy is being developed to support the Integrated Plan. It will be important to ensure that the engagement and involvement strategy satisfies the requirements of the Equality Act and the EDS by demonstrating that voices and known issues of equality groups are both identified and addressed.

### 6.2 Assessment of risk registers submitted to the commissioner by NHS Provider organisations (Appendix 2)

The Director for Commissioning Delivery has taken immediate action to address the potential negative impacts identified in relation to the neo natal screening programmes. Additional actions are reflected in the action plan of the full EIA.

### 6.3 Assessment of the Vision and Values of the BNSSG Integrated Plan (Appendix 3)

The Integrated Plan could be strengthened with a value statement addressing principles of equality and human rights. Reference to the evidence relating to equality and human rights in healthcare supported by continued benchmarking against equality and human rights principles and values is likely to mitigate

unintended discrimination and to promote and support improved access and a reduction to systematic inequalities.

### 6.4 Assessment of the BNSSG Financial Plan and QIPP schemes 2012 – 13 (Appendix 4)

The details of the proposals are as follows:

43 QIPP proposals were subjected to assessment of equality Impact
10 were assessed as having low / no impact on equality.
8 were assessed as have a potential positive impact on equality.
13 were assessed as having a potential moderate negative impact
6 were assessed as having a potential high negative impact
6 were assessed as being in a priority category.

Not all of the 43 QIPP proposals will be taken forward. Action should therefore be focussed on those which will be implemented. The table in the appendix summarises the level of potential impact described above. Schemes identified as being in the priority category, are schemes where there is a known high impact which unless mitigated is likely to be negative; and which are likely to proceed.

Schemes identified as falling within a Priority Category and for action are:

- Mental Health Schemes MHO1, MH02, MH03
- Gender Reassignment PC 17a
- List Cleansing PRIM 03
- 24/7 Scheme UC 10.

Only three of the proposals referred to an EIA, of which only one was of an appropriate standard. In some cases, evidence and recommendations from existing EIAs does not appear to have been used to inform the proposal. A number of the proposals referred to the fact that an impact assessment would be undertaken in the future, if the proposal were to proceed. For the majority of the proposals there is a wealth of existing information about potential equality and human rights impacts which could be drawn upon to appropriately inform, and shape proposals. Given the timescales and resources available for this process it is certain that not all of the inequalities work already undertaken by the Cluster/CCGs is reflected in this evaluation. The learning from this process will be taken forward into the process for 2013/14.

## 7 Action Plan 2012/13

A number of actions have been identified which it is considered will address the potential negative impacts of the proposals which are proceeding and also develop the capacity and capability of the CCGs and CSO during the year.

It is recommended that commissioning leads for individual proposals and programmes address identified actions for their programme and that consideration is given to supporting Planning and Commissioning Managers to more effectively incorporate an assessment of Equality and Human Rights into project and programme planning processes.

Delivery of the Action plan will be reported to the IGC via the regular reporting on Equality, Diversity and Human Rights.

| Issue | Action | Lead | Timescale |
|---|---|---|---|
| **Address impacts of QIPP programmes which have been identified as high priority** | Assess impacts, through consideration of evidence and through engagement on Gender Reassignment QIPP proposal. | Lead Commissioner | April – June 2012 |
| | Apply existing knowledge to test assumptions of Mental Health QIPP programmes (can build on the Bristol MH EIA). | Mental Health Commissioner | April - June 2012 |
| | Apply existing knowledge of equality impacts to ensure list cleansing does not discriminate | Lead Commissioner | April – June 2012 |
| | Assess equality impacts of 24/7 proposal | Urgent Care Commissioner | April 2012 – March 2013 |
| | QIPP commissioners to incorporate comments and actions for their proposals into there business case and implementation plans. | All QIPP Commissioners | April – June 2012 |
| **Commissioners need to be assured that patient experience and quality is not being comprised as a result of financial pressures.** | Develop ways for commissioners to be assured that providers are addressing issues of language and physical access and dignity, both personal and cultural. | Director of Quality and Governance | April 2012 – March 2013 |
| **Planning and Commissioning Managers to have a better understanding of equality and human rights.** | Develop equality and human rights training programme and resources for commissioning managers | Equality Advisors and Director of Commissioning | April 2012 – March 2013 |
| **Engagement and involvement strategy to demonstrate that voices, and known issues of equality groups are both identified and addressed.** | Link this work to the EDS to ensure strategy can evidence that equality voices are actively engaged and are influencing the planning and commissioning. | Head of Communications, PPI leads and Equality Advisors | April 2012 – March 2013 |
| **Address Equality Impacts identified in Provider Risk Assessments** | Commissioners to work with providers to mitigate demand and capacity pressures within Dementia Programme. | Commissioning Manager for Dementia | April 2012 – March 2013 |
| | Mental Health Commissioner to address inequity of provision for | Mental Health Commissioner | |

| | | | |
|---|---|---|---|
| | section 136. | | |
| | Check that recommendations from the impact assessment have been implemented in relation to Diabetic Retinopathy | Commissioner for Diabetic Retinopathy | |

## 8 Financial implications

No financial implications have been identified.

## 9 Legal implications

There are potential legal implications and potential challenge to the PCTs if the proposed actions in this paper are not implemented.

## 10 Risk implications, assessment and mitigation

Some of the material used to inform this process came from the risk registers in the Director of Commissioning Delivery directorate and Integrated Plan process. By definition the EIA process undertaken is one of risk assessment to identify the implications to equality and diversity, and propose mitigation.

## 11 Consultation and communication

See section 5.

## 12 Implications on equalities and health inequalities

By definition, this is the purpose of the paper.

## 13 How does this fit with the PCT's Strategic and Operational Plan?

This process has been part of the Operational planning for 2012/13.

## 14 Recommendation(s)

That the EIA is accepted and the proposed actions agreed.

**Christina Grey**
**Associate Director of Public Health**

**Lindsey Scott**
**Director of Quality and Governance**

**16th April 2012**

## References

Equality Act (2010)
Department of Health (2009) A Dialogue of Equals
NHS Midland and East (2012) Good Engagement Practice for the NHS *Involving patients, carers, communities and staff to improve health outcomes*
*NICE (2008)* Community Engagement to Improve Health

**Appendix 1**

## BNSSG Integrated Plan: Engagement, Involvement and Consultation for Equality

### Introduction

Involving patients and the public in the planning and decision making of health care is a key NHS principle. In addition, NHS bodies have a duty to ensure that the particular needs and experiences of equality groups are taken into account (Equality Act 2010). Individuals protected under the act can experience both direct and indirect discrimination and exclusion, with known negative impacts on health and wellbeing inequalities (Nice 2008).

Responsibility for engagement, involvement and consultation is the responsibility of all managers, service leads and commissioners. Expert advice and support is provided by PCT Patient and Public Involvement leads and PCT Equality Officers.

Good practice in terms of engagement and involvement has been described as that which is ongoing, diverse and demonstrably informs decision making (Dept of Health 2009 Good Engagement Practice for the NHS *Involving patients, carers, communities and staff to improve health outcomes* NHS Midland and East).

### Stakeholder Engagement for Equality in Commissioning Programmes

There is evidence that engagement to identify equality impacts across all PCTs within the BNSSG cluster is proactive and ongoing taking place:

- As part of service improvement initiatives
- In the development of Public Health Needs Assessments and Strategies
- Within Equality Impact Assessments
- As part of Patient and Public Involvement Consultations
- Through the local LINKs and other partnerships
- To inform the Trusts Equality Schemes
- As part of the Trusts Equality Delivery System

Equality Officers work with commissioners to support ongoing engagement of equality groups, and are currently undertaking a self assessment for the Department Of Health Equality Delivery System, which sets out as a core requirement that NHS organisations demonstrate that they have actively and appropriately engaged equality communities in setting their priorities.

The table below gives an overview of the range of engagement and focus of recent engagement mapped against the themes and prescriptions identified in the BNSSG Integrated Plan.

| | |
|---|---|
| Urgent Care | The Urgent Care Boards have broad stakeholder engagement, which includes lay representation and equality officer advice.<br><br>Discovery interviews, focus groups and a survey carried out as part of the EIA on heart attack and stroke |

| | |
|---|---|
| Planned Care and Cancer | EIAs on Urology Re-configuration project and the Head and Neck Cancers, Ear, Nose and Throat and Oral and Maxillo Facial Services Review looked at age and sex in particular and included in-depth interviews recorded in Maternity and New Born Services Review, consultation and engagement with the local community, public and 'hard to reach' groups.<br><br>Consultation on the Bristol Health Services Plan (Bristol and South Gloucestershire). |
| Primary and Community Care Community Care | Qualitative work on patient experience mapping migrants experience of accessing primary care<br><br>Engagement with migrant communities over the development of an orientation process entitled 'first steps in using the NHS'<br><br>Review of access to primary care for blind and visually impaired people, carried out by RNIB on behalf of NHSB.<br><br>Individual GP practices run patient participation groups which strive to reflect the diversity of the communities they serve<br><br>Practices are currently surveying % of their practice population about their services - this will include some of the protected groups. Young People Friendly services initiative - age. Charlotte Keel and Sussex Place - race<br><br>Engagement to inform South Glos community services procurement. Questionnaire made available to all - actively distributed at Over 50s Forum to date (age).<br><br>Bristol Health and Social Care Network (2008) *Disability Equalities/The Referral Pathway.*<br><br>'Your Say On Health' Consultation with Children, Young People and Parents in Bristol and South Gloucestershire to Inform the Development of a New Community Children's Health Service. Barnardos and NBT (2008).<br><br>Muscular Skeletal Service (MSK) issues from patient focus groups, mostly attended by BAME and Older People's groups (2009-10)<br><br>Sickle Cell and Thalassaemia patient experience survey – BCH (2009) |
| Prescribing | Medicines Management work closely with the Equality Advisors and the Communication Team on an ongoing basis, have responded to issues raised by community members, particularly around language and access.<br><br>Equality Impact Assessments have been undertaken on Pharmacy Plans, and in relation to access to medicines during a pandemic. |
| Mental Health | Full Equality Impact Assessments have been undertaken on the Bristol QIPP plan and as part of the MH modernisation project.<br><br>Specific work has been undertaken with members of the Chinese community to improve access to psychological therapies and other mental health services, with a view to widening this to wider groups in the future (race and disability.<br><br>The Race Equality and Mental Health Programme and Deaf and Wellness Programme and Sexual Orientation Group provide the focus for ongoing engagement for equality and mental health<br><br>Every Child Matters outcome; Make a positive contribution. (2010)<br><br>"Race, Identity, Inequality and Mental Health" Question Time event at which service providers and community members were given an opportunity to respond to and shape the CDW work programme |

| | |
|---|---|
| | Somali Mental Health Day<br><br>Involving BME mental health service users in delivering Race Equality Cultural Competence training<br><br>Assertive outreach research project – *'Do Gypsies, Travellers and Show People get the support they need with stress, depression and nerves'* Report by Bristol Mind (2008)<br><br>Pacesetters Programme (2010) Raising awareness among Gypsy and Traveller Communities, Developing a model of Gypsy and Traveller Participation in the promotion of health and well being.<br><br>Bristol Mental Health Network (2010) *Mental Health and Stigma*.<br><br>Bristol Mental Health Network (2010) *The Bristol Vision for Mental Health and Dual Diagnosis Strategy*.<br><br>Bristol Mental Health Network (2009) *Increasing Access to Psychological Therapies in Bristol/User Focused Monitoring*. |
| Learning Disability | Community engagement has informed the South Gloucestershire Learning Difficulties procurement (disability).<br><br>In relation to overnight short breaks for people with learning difficulties - engaged with families of children and young people with learning difficulties (disability, age).<br><br>The key forum in each area is the Learning Disability Partnership.<br><br>'Big Health Check Day', annual event led by the Learning Disability Service<br><br>Listening Partnership/WECIL - disabled young people and young people with learning disabilities (2009) |
| Long Term Conditions | Extensive engagement last year to inform the Joint Strategy for People with Physical and Sensory Impairments and Neurological conditions (particularly disability and race).<br><br>Engagement around Sickle Cell and Thalassaemia services - race. Children's diabetes service – age<br><br>Study to explore the needs of the Asian Community in relation to structured diabetes education, focus groups in Asian languages (2009).<br><br>Facilitating the making of a film following one man's quest to regain his life after a stroke |
| Dementia | Extensive engagement as part of MH modernisation around age, sex and in the development of the Dementia Strategy and action plan around disability, race, disability, including carers, and gender.<br><br>Bristol/South Gloucestershire Older People's Network (2010) *Care Provision for BME Elders*.<br><br>Bristol/South Gloucestershire Older People's Network (2009) *Daycare*.<br><br>Bristol/South Gloucestershire Older People's Network (2009) *Dementia Strategy*.<br><br>Scrutiny Committee and Bristol LINk *Dementia Strategy Event* (2010) |

## Stakeholder Engagement in the BNSSG Integrated Plan

To date, the focus of stakeholder engagement for the Integrated Plan as a strategic policy document has been on Clinical Engagement, to support the development of the Clinical Commissioning Groups and to ensure business continuity and risk during a

period of transition and within a climate of reducing resources. In developing the Vision and values across the Cluster there have been two successful and well attended community level clinical summits on the 30th January and the 8th February. Cluster colleagues have also attended Health and Wellbeing Boards. The Director of Commissioning Delivery has established clinical networks to support the implementation of the plan. The 26 January 2012 Board Report on the Integrated Plan provided detail on the community wide approach (section 3).

## Potential Impacts and Proposed Mitigations

It is clear that all three Primary Care Trusts have been proactive through a range of different channels and on a number of levels, as summarised in the table above and on the equality pages of the PCT web sites. However, in relation to planning and commissioning decisions, the level of engagement specifically with protected groups is not always clear. In addition, it is not always evident whether the engagement process has actively influenced and shaped and the planning and commissioning process.

## Action

An Engagement and Involvement Strategy is being developed in support of the BNSSG Integrated Plan. It will be important to ensure that the engagement and involvement strategy satisfies the requirements of the Equality Act and the Equality Delivery System by demonstrating that voices, and known issues of equality groups are both identified and addressed.

**Appendix 2**

## Assessment of Equality and Human Rights Impacts arising from NHS Provider QIPP Risk Assessments

As part of the Integrated Plan Assurance Process, NHS Provider Organisations were asked to provide the commissioner with a risk assessment in relation to their Quality, Improvement, Productivity and Prevention (QIPP) plans. For the most part risks identified were clinical, financial, or reputational. The risk assessments reports were scrutinised for any additional risks relating to unintended negative impacts on Equality and Human Rights.

| Potential area of Discrimination | Identified Issue | Mitigation |
|---|---|---|
| Age and Gender Discrimination | Risk to ante-natal first trimester screening rollout to women <30<br><br>Risk to roll out of digital mammography age extension Avon Breast screening Programme<br><br>Risk to roll out of health visitor programme – Weston and NBT | Where a decision is being on considered to limit treatment on grounds of age, legal advice should be sought.<br><br>If decision unavoidable, the decision should be carefully considered to asses clinical and other evidence and to fully understand the risk and likely impact.<br><br>With regard to the health visiting programme, the longer term impacts on the population should be considered and local authority colleagues involved in the decision making process. |
| Age Discrimination | Risks related to pressure on the memory service | Commissioners to work with providers to mitigate demand and capacity pressures within Dementia Programme. |
| Potential Human Rights and Disability Discrimination | Unequal Funding of 136 placements – for mental health | Mental Health Commissioner to address inequity of provision. |
| Race Discrimination, Disability Discrimination and Human Rights | Risk to Diabetic Retinopathy Service (BCH) | An impact assessment has been undertaken and the addition impact to BME groups is well established. Check that recommendations from the impact assessment have been implemented. Re-assess decision in light of this information. |

### Action

The Director of Quality and Governance and The Director for Commissioning Delivery have taken immediate action to address the potential negative impacts identified in relation to the neo natal screening programmes.

All actions and suggested mitigations are reflected in the action plan of the full Equality Impact Assessment.

**Appendix 3**

## Equality Impact Assessment of the Vision and Values of the BNSSG Integrated Plan

The Vision Statement of the Integrated Plan is:

> *"To achieve a financially sustainable health system which prevents illness, maintains independence and streamlines pathways"*

Intended outcomes from the Vision are:

- *Know who might be at risk, identify who is at risk; help them stay well;*
- *Diagnose earlier and support self care/self led care;*
- *Most care/support for people with long term conditions delivered at home or in primary, community setting, including end of life care; fewer people will die in hospital;*
- *Reduced emergency attendances and admissions associated with long term conditions, cancer and for older patients*
- *Our system will be known for 'end to end' best practice lean pathways, and cohesive system working across all providers;*
- *Leading edge research and development with early adoption of innovation.*

### *Positive Impacts*

The vision directly addresses impacts for people with long term conditions and there is also specific reference to older people.

### *Potential Negative Impacts*

The vision does not directly reference the population profiles summarised in section 2 of the Plan, and there is no direct reference to the particular needs / impacts on protected groups, many of whom will be either high users, or excluded from services.

### Mitigation and Action

The Integrated Plan could be further strengthened by specific reference to the known impacts of equality and human rights in health care, in particular addressing the finding from the Equality Impact on the BNSSG Financial Plan (Appendix 4 page 3) which found that *'where providers are working with commissioners to achieve efficiencies, commissioners will need to be assured that patient experience and quality is not being comprised with particular issues for equality and human rights identified as:*

- *Language and Physical Access*
- *Dignity – personal and cultural'*

An explicit statement, supported by continued benchmarking against the known evidence about equality and human rights issues in health care, is likely to help mitigate against unintended discrimination and to promote and support improved access and a reduction to systematic inequalities.

**Appendix 4**

## The Panel

The Equality Impact Assessment (EIA) has been conducted by an expert panel consisting of:

- Christina Gray (Chair)  Associate Director Public Health
- Esther Owen,  Deputy Director Finance
- Fiona Reid  QIPP Programme Support Officer
- Habib Naqvi,  Senior Public Health Analyst and DOH EDS lead
- Nigel Roderick,  Equality Officer
- Michael Bainbridge,  Primary Care Commissioning and Primary Care Equality and Access Officer

## Methodology

The panel conducted the EIA by considering:

- General equality impacts arising from the overall aims and principles of the financial plan and QIPP programme.
- The equality impact in relation to the broad themes and prescriptions (e.g.) planned care / primary care / mental health etc.
- The equality impact of each individual Quality, Improvement, Productivity and Prevention (QIPP) proposal.

Individual QIPP proposals had been assessed as Green, Amber and Red by commissioners in relation to whether they are likely to be approved or not.  The panel considered all of the proposals on the list for equality impact, taking the commissioners 'proceedability' rating into account.

Assessing equality impact is not an exact science; it requires an application of knowledge about the equality act, the experiences of different groups and evidence of differential impacts in relation to both equality and health.
For each of the sections identified above, the panel applied its collective knowledge to make a judgement about likely impacts.  The panel considered whether there was evidence that there may be a High, Moderate or Low impact on equality groups and secondly whether that impact was likely to be positive or negative.  In addition, a priority category was identified, where known high negative impacts were identified in proposals scheduled to proceed and immediate action is recommended.
Recommended actions have been noted against each QIPP plan. Impacts have been coded, as outlined below. Particular attention should be paid to programmes where the Equality Impact falls into the Priority or High Impact Categories.

| | | |
|---|---|---|
| **Priority Category (Red)** | **Potential High Negative Impacts (Amber)** | **Potential Positive Impact  Green** |
| **Low Impact** | **Potential Moderate Impact** | |

## The Financial Plan

Esther Owen outlined the key principles of the financial plan for 2012 – 2013 which are:

- Baseline for contracts has been set at forecast spend at month 7 (October)
- The national requirement to achieve 4% efficiency translates into baseline + 2.2% inflation – 4% = net - 1.8%
- The baseline figure includes 2.5% held back for CQUIN payments
- CQUINS will only be awarded if financial balance is achieved across the whole economy. The majority of spend s within acute sector.

## Assessment of Impact

### *1.* Equality impacts arising from the overall aims and principles of the financial plan and QIPP programme

Where providers are working with commissioners to achieve efficiencies, commissioners will need to be assured that patient experience and quality is not being comprised. Particular issues for equality and human rights are:

- Language and Physical Access
- Dignity – personal and cultural.

### 2. Equality impact of broad themes and prescriptions

To inform the assessment of impact of the actual QIPP programmes each of the themes and prescriptions has been impact assesses to identify which areas are known nationally and locally to have equality impacts. The table below illustrates this initial assessment, with all areas, as would be expected within health care, falling into the High or Moderate categories.

| Theme | Key Theme Areas |
|---|---|
| Urgent Care | Prevention of urgent care events (inc. early intervention) |
| | Care planning, coordination and decision making (patient, referrer and specialist) |
| | Maximising care in primary/community; signposting and redirecting away from secondary care; avoiding admission to hospital |
| | Management of the patient journey through care and returning home without delay |

| | |
|---|---|
| | |
| | Urgent care system efficiency, productivity and quality |
| | End of Life Care |
| Planned Care and Cancer | Prevention of planned care events (inc. early intervention) |
| | Clinical pathways (evidence based and best practice) |
| | Information, advice, guidance, decision making inc. self and supported self care (patient, referrer and specialist) |
| | Management of the patient journey through care and returning home without delay |
| | Planned Care system efficiency, productivity and quality |
| | Maternity care |
| Primary and Community | Primary care GMS/PMS |
| | Dental initiatives |
| | Continuing healthcare (Managing demand, efficient process, market management) |
| | Community other |
| Prescribing | |
| Mental health | **Mental health** including models of care, efficiency, productivity and quality |
| Learning Disability | **Learning Disability** including models of care, efficiency, productivity and quality |
| Long Term Conditions | not included in prescriptions due to difficulties in isolating this activity |

## 3. Assessment of Impact of QIPP Proposals

| High impact theme | Mental Health | | QIPP Priority | Equality Impact | Comments and actions |
|---|---|---|---|---|---|
| MH 01 | Re-provision HDU beds, reduction inpatient beds, Trust Wide efficiencies Disinvestments, Step down rehab | SG | G | Priority | No EIA<br><br>EIA should be conducted |
| MH 02 | As above – plus out of area placements | B | G | Priority | EIA<br>Conducted but actions plan not referred to in business case |
| MH 03 | Improvement plan with evidence of stakeholder engagement | NS | G | Priority | No EIA<br><br>EIA Should be conducted |
| Possible impact theme | Planned Care and Cancer | | | | |
| PCO2 | teledermatology | NS SG | A | Low | No EIA |
| PCO4 | Improve GP referrals to Secondary care – education programme | NW BRIS TOL Locality B | G | Moderate | No evidence of EIA.<br><br>Evaluation of pilot should include assessment of impact on equality groups, with a focus on variation in terms of access and uptake across the city |
| PC17a | Gender Reassignment | BNS SG | G | Priority | No evidence of EIA and no evidence of consultation. This proposal will have a clear impact on individuals protected under the equality act 2010.<br><br>A full equality impact assessment, including consultation and engagement should be undertaken |
| PC 17b | Plastic Surgery Review | BNS SG | G | Moderate | No evidence of EIA<br><br>This proposal could have potential double negative impacts on some individuals and groups, particularly people who have undergone gender reassignment, some cancers, and young people for whom disfigurement is a disabling condition. |
| PC 17c | Decommission | BNS | G | Moderate | No evidence of EIA |

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| | acupuncture | SG | | | Which communities are currently using acupuncture?<br><br>Is there any evidence that particular communities or groups will be affected by the withdrawal of the services? |
| PC17d | Patient Decision Making aids | BNS SG | G | High<br><br>Potentially Positive | No evidence of EIA<br><br>If the technology is fully accessible this proposal has the potential to have a high positive impact. However if the technology is not fully accessible impacts could be unintended discrimination. |
| PC24 | Monitoring of consultant to consultant referrals – to reroute through GP | BNS SG | G | Moderate | No evidence of EIA<br><br>There is evidence that certain groups present symptoms differently and/ or late. There is known evidence that certain BME groups are less likely to be referred to secondary care. There is known evidence that some individuals and communities find the system difficult to navigate. This proposal appears to add an extra stage in process. There for impacts identified above would need to be taken into consideration and monitored in the implementation |
| PC27 | Change in coding of outpatient attendance | BNS SG | R | Low | N/A |
| PC 32 | Pain Management Linked to PC 17c | Bristol | A | Moderate | EIA completed<br><br>The information in the EIA appears to indicate that BME patients are less likely to access inpatient facilities. This may reflect how Some BME groups present and / or prefer to deal with their symptoms. The panel suggest this may need to be explored further. |
| PC 33 | Endoscopic Ablation – alternative to surgery to reduce oesophageal cancer | BNS SG | G | Low | N/A |
| High | | | | | |

| Impact theme | Long Term Conditions | | | | |
|---|---|---|---|---|---|
| LTCO1 | Community Heart Failure Service | NS | R | Moderate | EIA screening inadequate – identifies no impacts |
| LTC02 | NS Community Wards and palliative care | NS | A | High<br><br>Potentially Positive | EIA Screening –<br>Poor quality, however extensive stakeholder involvement has been undertaken. The impact of this proposal on equality groups will be positive or negative, depending on the design and delivery of the service and taking personal , cultural and access needs into account |
| LTC06 | End of Life Plan – Bristol | Bristol | A | Moderate | No evidence of EIA<br>The impact of this proposal on equality groups will be positive or negative, depending on the design and delivery of the service and taking personal , cultural and access needs into account. |
| LTC08 | Diabetes Specialist Nurse | SG | A | High | No evidence of EIA<br>Known impacts on BME Groups and the high Asian population in SGlos |
| LTC09 | Housebound patients with chronic conditions | SG | A | High<br><br>Potentially Positive | No evidence EIA<br>Known Impacts – impact likely to be positive if appropriately designed and delivered |
| LTC12 | End of Life Care | NS | A | Possible Potentially Positive | Implementation would require EIA. Impact could be positive or negative |
| LTC13 | Arrhythmia Nurse | Bristol | R | Moderate | No EIA<br>-needed to inform service |
| Possible impacts theme | Primary and Community Care | | | | |
| PRIM01 | Integrated H + SC Pathway re-ablement | NS | G | High Potentially Positive | EIA needed to inform service design. Possible positive impacts if service designed and delivered appropriately |
| PRIM02 | Dental Superannuation | BNS SG | G | Low | N/A |
| PRIM03 | List Cleansing – GP contracts | SG | G | Priority | EIA required – known negative impacts on equality groups and vulnerable individuals from list cleansing - refer to Bristol PCSA EIA |
| PRIM04 | Oxygen contract | SG | G | Low | N/A |
| PRIM05 | APMS to PMS contract – Emerson Green | SG | G | Low | Assume no impact – unless on patients? |

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| | | | | | Will there be any change to opening hours? Access? |
| PRIM06 | Review APMS contract walk in centre and re-distribution of registered population | NS | G | Moderate | EIA and patient consultation required to assess impact on patient group of registration of list. |
| PMO 13 | Choose and Book | Bristol | G | Low | Unlikely to have impacts. Choose and book has had both negative and positive impacts. |
| Possible impacts theme | Urgent Care | | | | |
| UC01 | Specialist Integrated Falls Service | NS | A | Moderate | EIA needed to inform implementation |
| UC02 | Decommission Joint Community Assessment Portal Pilot | SG | G | Moderate | No evidence of EIA. New service should be monitoring equality impacts. |
| UC12 UC03 | Redirection of patients from ED to primary care via common assessment portal – not on list | SG | A | Moderate<br><br>Potentially Positive | Could have a positive impact on some patient groups. Service should be monitored for impacts. |
| UC04 | Extend Community IV antibiotic service for admission avoidance | SG | A | Low | No evidence of EIA. Impact could be positive or negative depending of cultural awareness of staff |
| UC05 | Extend fracture liaison service NBT | SG | A | Moderate | No evidence of EIA. Inequitable service for age group |
| UC06 | Improving Services Frail Elderly | SG | A | High<br><br>Potentially Positive | No evidence of EIA. This is a service aimed at one of the protected groups and should have a positive impact on them and their carers. These assumptions should be tested by building EIA into the service evaluation and monitoring. |
| UC07 UC13 | GPSU at NBT – diagnostics and admission avoidance | SG | A | Low | No evidence of EIA |
| UC10 | Bristol 24/7 Urgent Care System | Bristol | G | Priority | EIA Required to monitor implementation -Known impacts |
| UC11 | Older People – Frail Elderly - falls | Bristol | A | High | EIA required to support implementation of service |
| UC15 | Development of community falls service | SG | A | High | EIA required to support implementation of the service |
| UC 16 | Supporting Adult Carers | SG | A | High | Known impact – protected |

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|---|---|---|---|---|---|
| | | | | | group - EIA required |
| UC18 | A + E assisted discharge- not on list | BNS SG | | High | No evidence of EIA<br><br>Potential positive impacts on protected groups |
| Possible impact theme | Prescribing | | | | |
| PRES01 | Formulary adherence and cost effective prescribing | BNS SG | G | Low | No proposal available at time of assessment but no impacts identified |
| PRES02 | Medication review of nursing home patients | BNS SG | G | High | No proposal available at time of assessment. This could have a positive impact on the identified group. To avoid potential negative impacts on some groups / individuals to ensure language, access and support requirements are in place and family / friends carers fully involved and informed. |

## Summary

43 QIPP proposals were subjected to an assessment of equality impact
10 were assessed as having low / no impact on equality.
8 were assessed as have a potential positive impact on equality.
13 were assessed as having a potential moderate negative impact on equality
6 were assessed as having a potential high negative impact on equality
6 were assessed as being in a priority category

Not all of the 43 QIPP proposals will be taken forward. Action therefore should be focussed on those proposals which will be implemented. The Table below summarises the level of potential impact described above. Schemes identified as being in the priority category, are schemes where there is a known high impact which unless mitigated is likely to be negative; and which are likely to proceed.

| | **Priority Category** | **Potential Negative Impact** | **Potential Positive Impact** |
|---|---|---|---|
| **High Impacts** | 6 | 6 | 6 |
| **Moderate Impacts** | | 13 | 2 |

Schemes within the Priority Category are:

- Mental Health Schemes MHO1, MH02, MH03

- Gender Reassignment PC 17a
- List Cleansing PRIM 03
- 24/7 Scheme UC 10.

Only three of the proposals referred to Equality Impact Assessments, of which only one was of an appropriate standard. In some cases, evidence and recommendations from existing Equality Impact Assessments does not appear to have been used to inform the proposal. A number of the proposals referred to the fact that an EIA would be undertaken in the future, if the proposal were to proceed. For the majority of the proposals there is a wealth of existing information about potential equality impacts which could be drawn upon to appropriately inform, and shape proposals.
Given the timescales and resources available for this process it is certain that not all of the inequalities work already undertaken by the Cluster/CCGs is reflected in this evaluation. The learning from this process will be taken forward into the process for 2013/14.

Recommended actions are:

- Immediate consideration should be given to the equality impacts which have been identified as Priority.
- QIPP commissioners should note the comments and actions for their programme and incorporate these into business cases and implementation plans.
- Where providers are working with commissioners to achieve efficiencies,, commissioners need to be assured that patient experience and quality is not being comprised. In particular addressing issues of language and physical access and dignity, both personal and cultural
- Consider how to support Planning and Commissioning Managers to have a better understanding of equality and human rights and how to incorporate this into project and programme planning processes.